STATE OF MARYLAND

DHMH

**Maryland Department of Health and Mental Hygiene**
300 W. Preston Street, Suite 202, Baltimore, Maryland 21201

Martin O'Malley, Governor – Anthony G. Brown, Lt. Governor – Joshua M. Sharfstein, M.D., Secretary

**Office of Preparedness & Response**
Sherry Adams, R.N., C.P.M, Director
Isaac P. Ajit, M.D., M.P.H., Deputy Director

# April 15, 2011

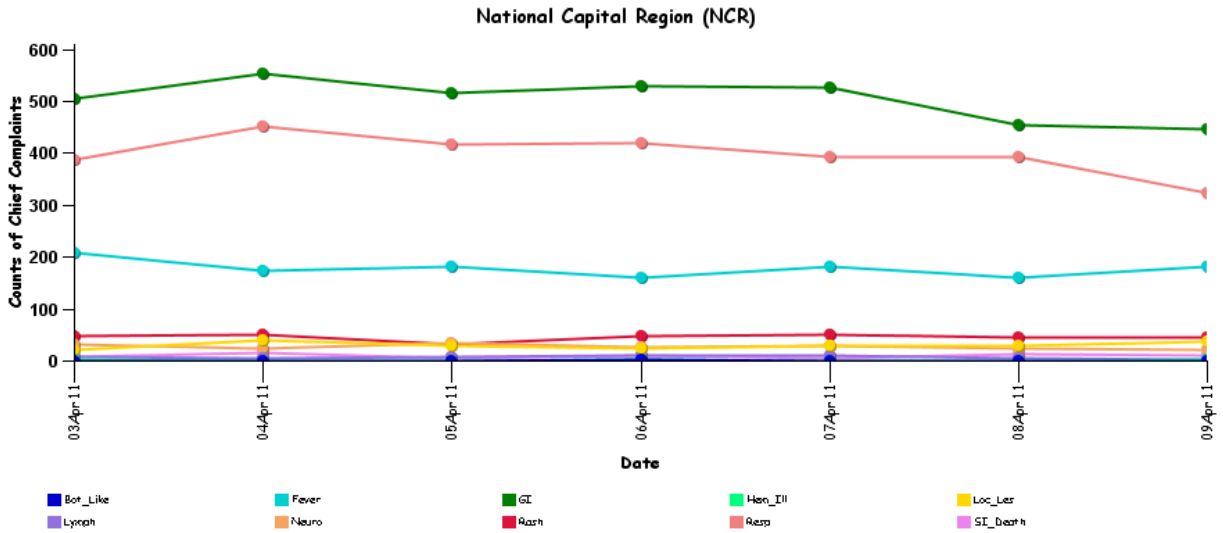
# Public Health & Emergency Preparedness Bulletin: # 2011:14 Reporting for the week ending 04/09/11 (MMWR Week #14)

**CURRENT HOMELAND SECURITY THREAT LEVELS**

**National:** **Yellow (ELEVATED) *The threat level in the airline sector is Orange (HIGH)**
**Maryland:** **Yellow (ELEVATED)**

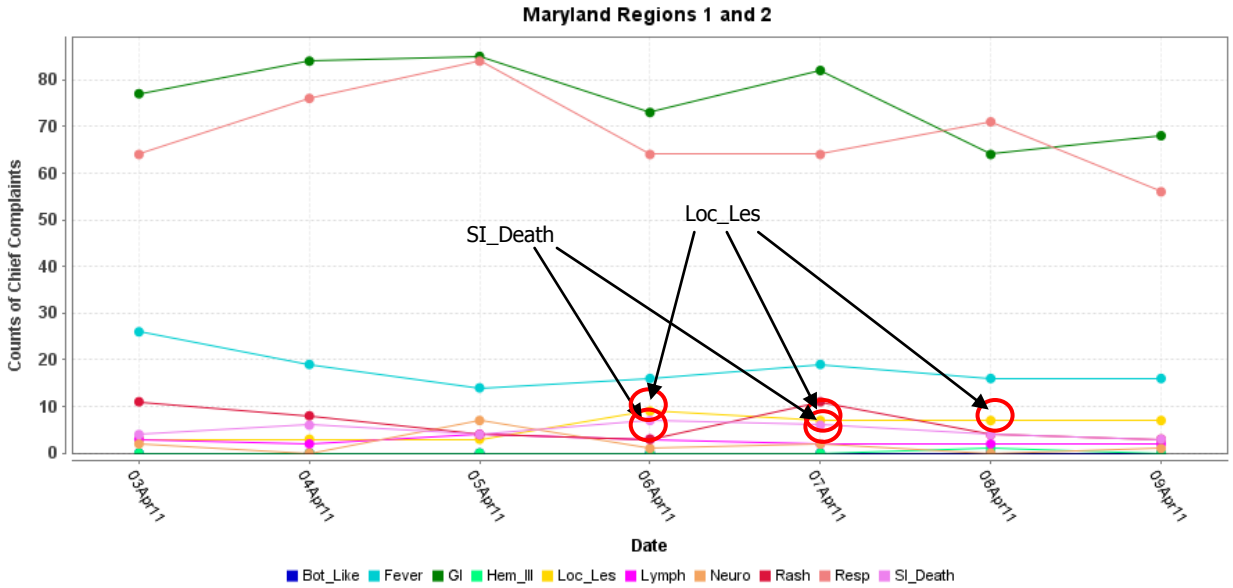
**SYNDROMIC SURVEILLANCE REPORTS**
**ESSENCE (Electronic Surveillance System for the Early Notification of Community-based Epidemics):**
Graphical representation is provided for all syndromes, excluding the "Other" category, all age groups, and red alerts are circled. Red alerts are generated when observed count for a syndrome exceeds the 99% confidence interval. Note: ESSENCE – ANCR uses syndrome categories consistent with CDC definitions.

Overall, no suspicious patterns of illness were identified. Track backs to the health care facilities yielded no suspicious patterns of illness.

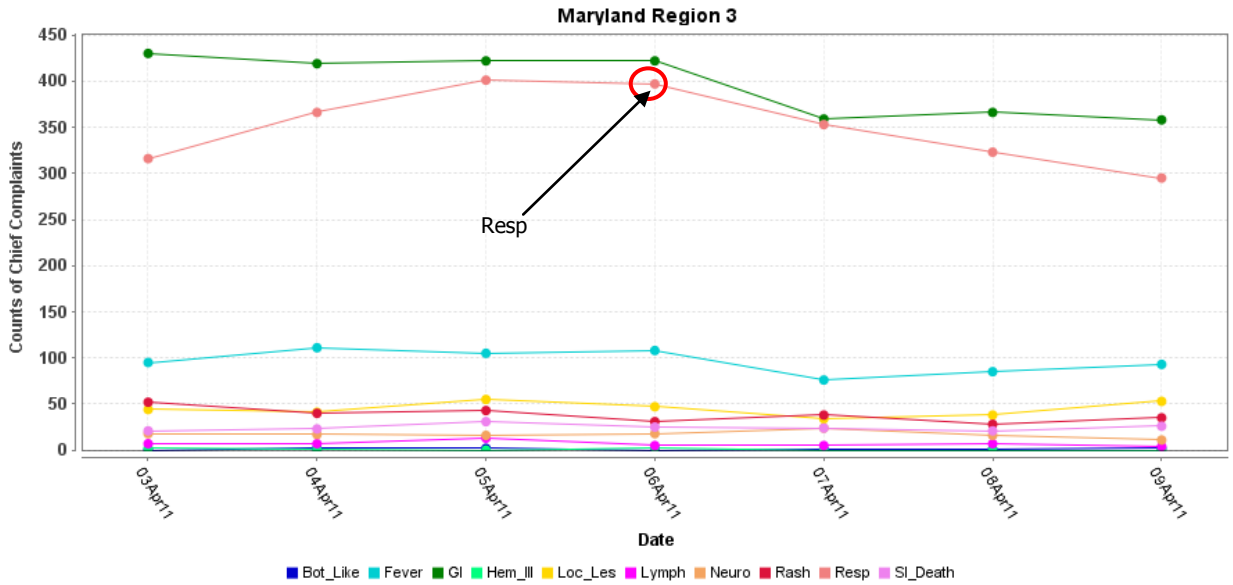



*Includes EDs in all jurisdictions in the NCR (MD, VA, and DC) reporting to ESSENCE

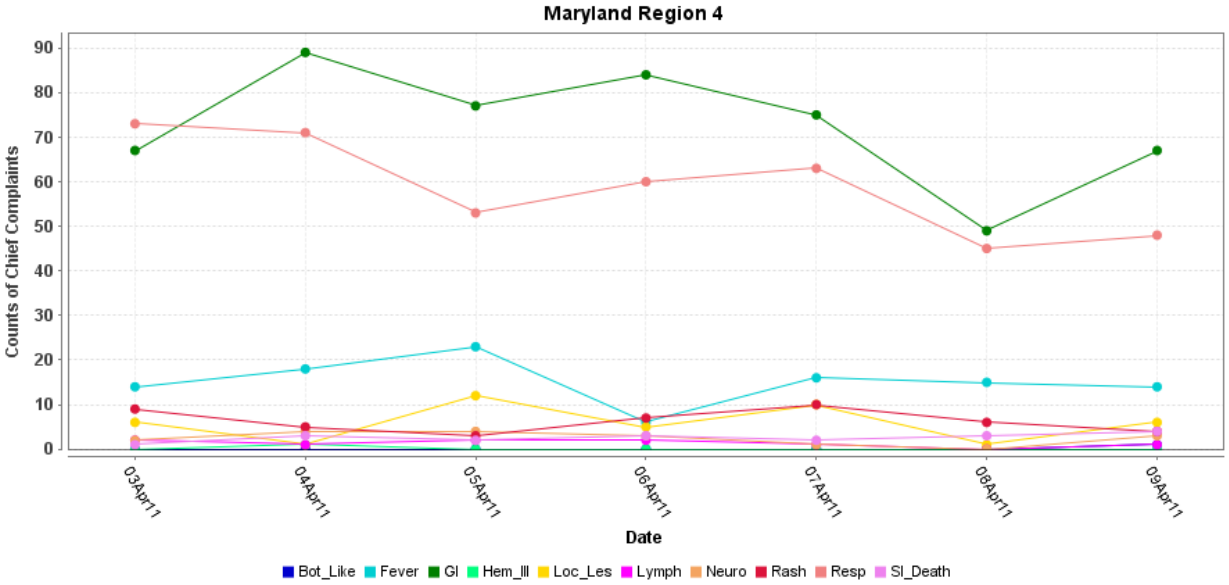
**MARYLAND ESSENCE:**



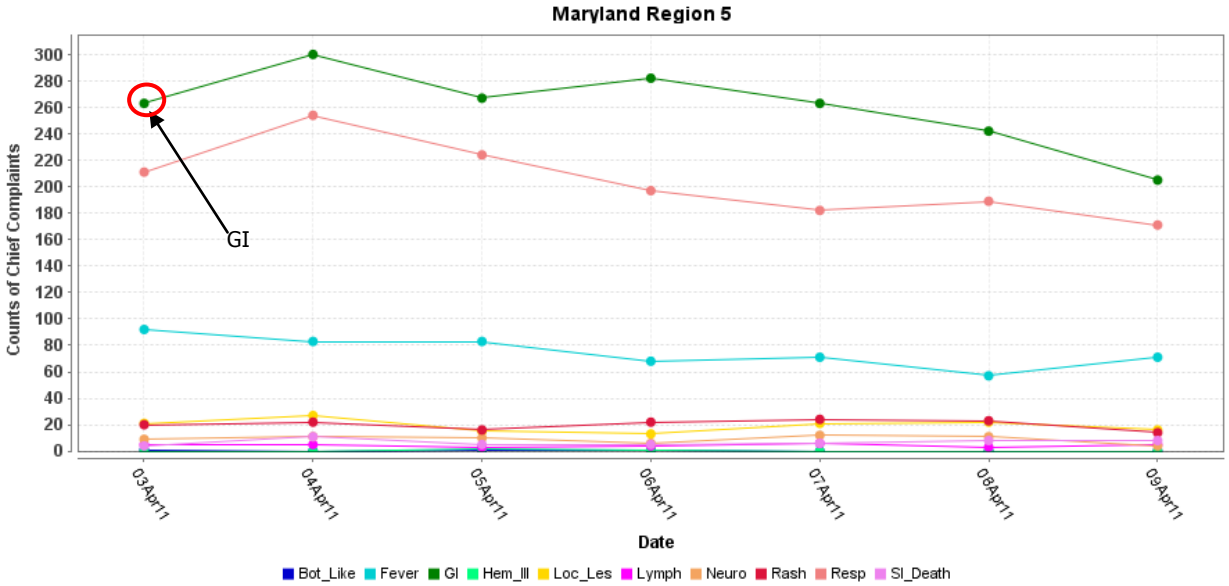

* Region 1 and 2 includes EDs in Allegany, Frederick, Garrett, and Washington counties reporting to ESSENCE




* Region 3 includes EDs in Anne Arundel, Baltimore City, Baltimore, Carroll, Harford, and Howard counties reporting to ESSENCE



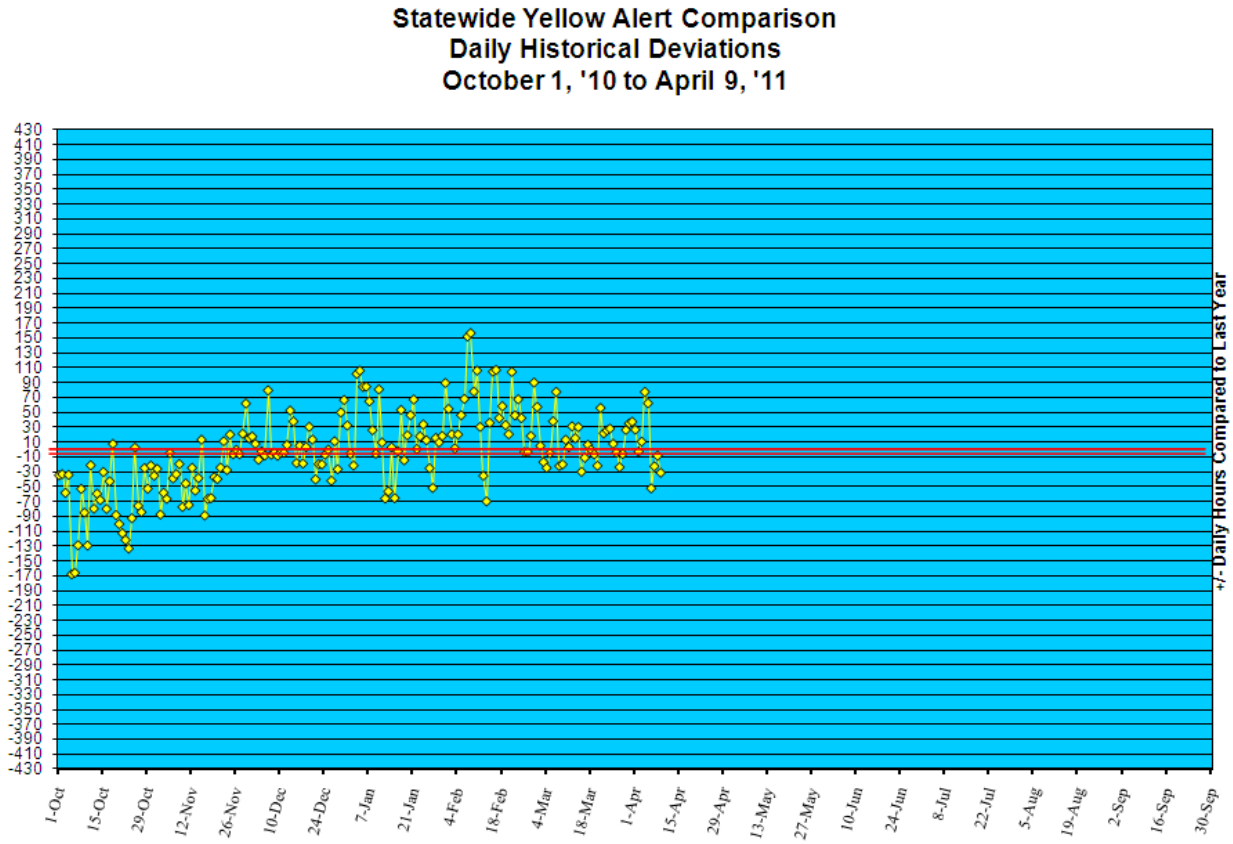

* Region 4 includes EDs in Cecil, Dorchester, Kent, Somerset, Talbot, Wicomico, and Worcester counties reporting to ESSENCE




* Region 5 includes EDs in Calvert, Charles, Montgomery, Prince George's, and St. Mary's counties reporting to ESSENCE

**REVIEW OF EMERGENCY DEPARTMENT UTILIZATION**

**YELLOW ALERT TIMES (ED DIVERSION):** The reporting period begins 10/01/10.




**REVIEW OF MORTALITY REPORTS**

**Office of the Chief Medical Examiner:** OCME reports no suspicious deaths related to an emerging public health threat for the week.

**MARYLAND TOXIDROMIC SURVEILLANCE**

**Poison Control Surveillance Monthly Update:** Investigations of the outliers and alerts observed by the Maryland Poison Center and National Capital Poison Center in March 2011 did not identify any cases of possible public health threats.

**REVIEW OF MARYLAND DISEASE SURVEILLANCE FINDINGS**

**COMMUNICABLE DISEASE SURVEILLANCE CASE REPORTS (confirmed, probable and suspect):**

| **Meningitis:** | **Aseptic** | **Meningococcal** |
|---|---|---|
| New cases (April 3 – April 9, 2011): | 7 | 0 |
| Prior week (March 27 – April 2, 2011): | 9 | 0 |
| Week#14, 2010 (April 4 – April 10, 2010): | 3 | 0 |

**9 outbreaks were reported to DHMH during MMWR week 14 (April 3 – April 9, 2011)**

**4 Gastroenteritis outbreaks**
3 outbreaks of GASTROENTERITIS in Nursing Homes
1 outbreak of GASTROENTERITIS in an Assisted Living Facility

**4 Respiratory illness outbreaks**
1 outbreak of INFLUENZA in a Nursing Home
1 outbreak of INFLUENZA in an Assisted Living Facility
1 outbreak of ILI associated with Hotel Conferences
1 outbreak of PNEUMONIA in a Nursing Home

**1 Foodborne outbreak**
1 outbreak of GASTROENTERITIS/FOODBORNE associated with a Restaurant

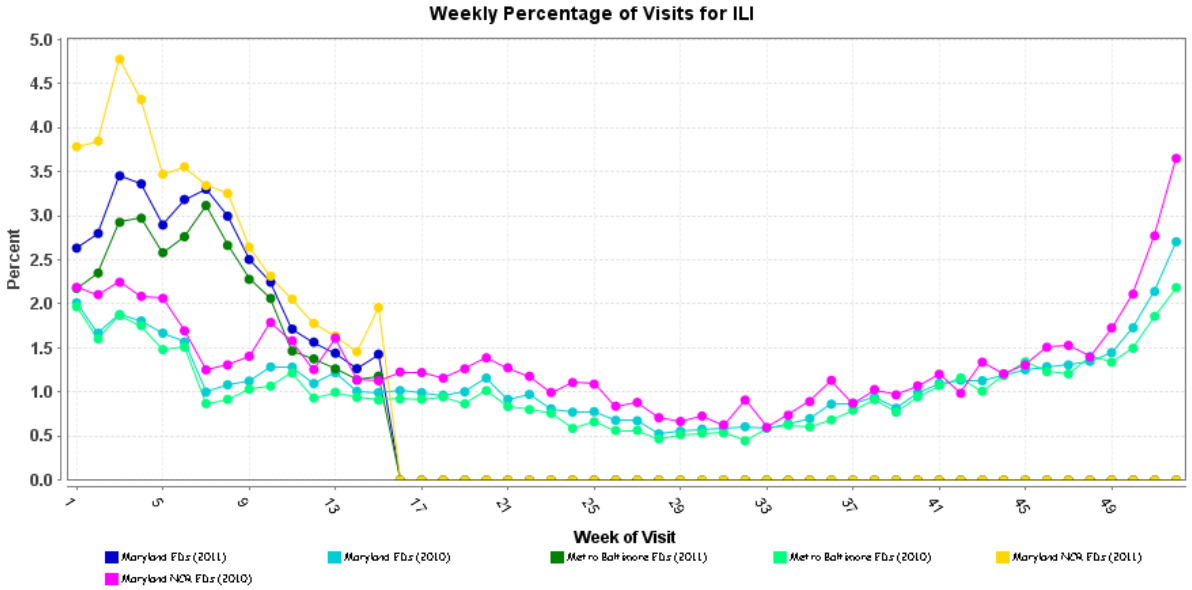
## MARYLAND SEASONAL FLU STATUS

Seasonal Influenza reporting occurs October through May. Seasonal influenza activity was REGIONAL for Week 14.

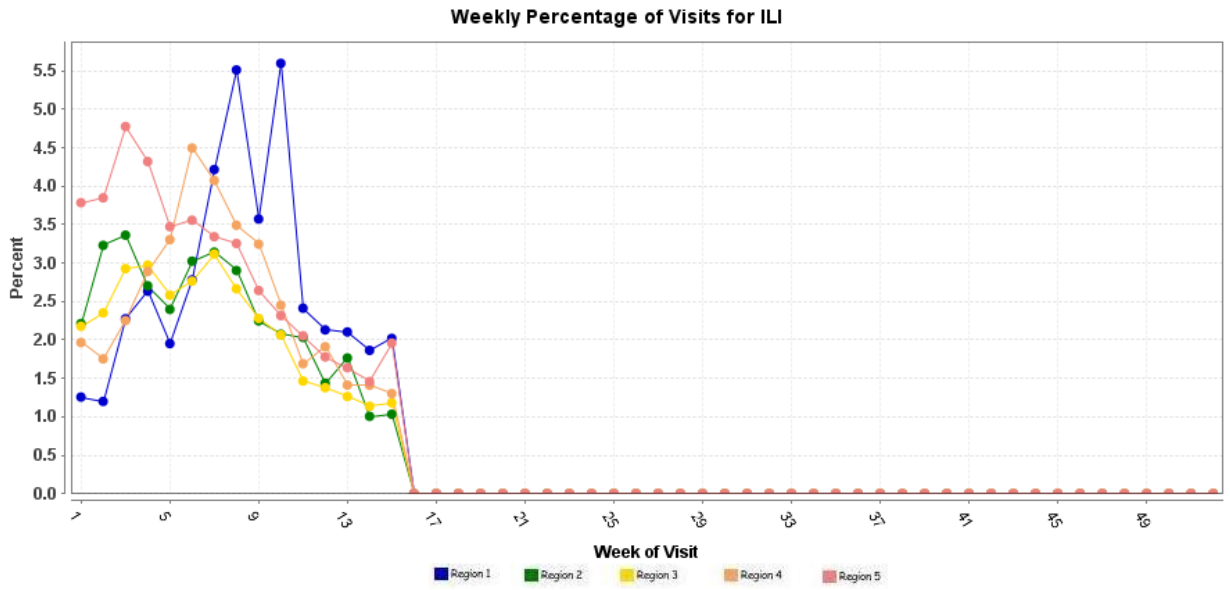
## SYNDROMIC SURVEILLANCE FOR INFLUENZA-LIKE ILLNESS

Graphs show the percentage of total weekly Emergency Department patient chief complaints that have one or more ICD9 codes representing provider diagnoses of influenza-like illness. These graphs do not represent confirmed influenza.

Graphs show proportion of total weekly cases seen in a particular syndrome/subsyndrome over the total number of cases seen. Weeks run Sunday through Saturday and the last week shown may be artificially high or low depending on how much data is available for the week.



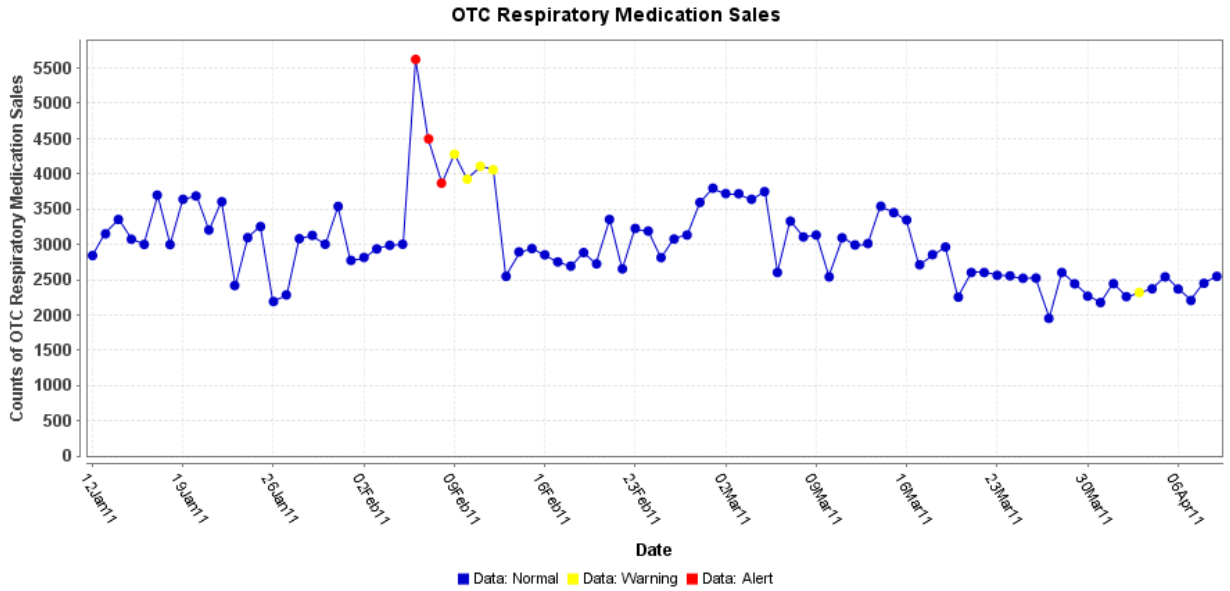

* Includes 2010 and 2011 Maryland ED visits for ILI in Metro Baltimore (Region 3), Maryland NCR (Region 5), and Maryland Total




*Includes 2011 Maryland ED visits for ILI in Region 1, 2, 3, 4, and 5

**OVER-THE-COUNTER (OTC) SALES FOR RESPIRATORY MEDICATIONS:**

Graph shows the daily number of over-the-counter respiratory medication sales in Maryland at a large pharmacy chain.



**PANDEMIC INFLUENZA UPDATE / AVIAN INFLUENZA-RELATED REPORTS**

**WHO update:** The current WHO phase of pandemic alert for avian influenza is 3. Currently, the avian influenza H5N1 virus continues to circulate in poultry in some countries, especially in Asia and northeast Africa. This virus continues to cause sporadic human infections with some instances of limited human-to-human transmission among very close contacts. There has been no sustained human-to-human or community-level transmission identified thus far.

In **Phase 3**, an animal or human-animal influenza reassortant virus has caused sporadic cases or small clusters of disease in people, but has not resulted in human-to-human transmission sufficient to sustain community-level outbreaks. Limited human-to-human transmission may occur under some circumstances, for example, when there is close contact between an infected person and an unprotected caregiver. However, limited transmission under such restricted circumstances does not indicate that the virus has gained the level of transmissibility among humans necessary to cause a pandemic.

As of April 6, 2011, the WHO-confirmed global total of human cases of H5N1 avian influenza virus infection stands at 543, of which 318 have been fatal. Thus, the case fatality rate for human H5N1 is approximately 59%.

**AVIAN INFLUENZA, HUMAN (INDONESIA):** 07 April 2011, Cambodia's Ministry of Health and the World Health Organization announced Wednesday [6 Apr 2011] that an 11-year-old girl from the eastern province of Kompong Cham has died of avian influenza H5N1 [virus infection]. A joint statement sent to the media said the 11-year-old girl from Kbal Au Village, Steung Trang District, Kompong Cham province died on 31 Mar 2011 as a result of respiratory complications after contracting avian influenza H5N1 virus infection. "The girl is the 14th person in Cambodia to become infected with the H5N1 virus and the 10th to die from complications of the disease," the statement said. The patient became sick on 22 Mar 2011, and she was initially treated by local villagers with no effect and was admitted to a local hospital on 29 Mar 2011 before she was later, on 31 Mar 2011, sent to a hospital in Siem Reap province, where she died just 4 hours after admission. "Avian influenza is still a threat to the health of Cambodians; early identification of potential patients is the fastest way of ensuring they can have correct treatment," said Minister of Health Mam Bunheng. "I urge communities to be on the lookout for respiratory infection with history of contact with dead or sick poultry to promptly seek medical attention at the nearest health facilities," he added.

**AVIAN INFLUENZA, HUMAN (EGYPT):** 06 April 2011, The Ministry of Health of Egypt has announced 4 new confirmed cases of human infection with avian influenza A(H5N1) virus. The 1st case is a one-year-old male from Behaira Governorate. He developed symptoms on 14 Feb 2011 and was hospitalized on 16 Feb 2011. He recovered and was discharged on 22 Feb 2011. The 2nd case is a 3-year-old female from Behaira Governorate. She developed symptoms on 10 Mar 2011 and was hospitalized on 12 Mar 2011. She recovered and was discharged on 18 Mar 2011. The previous 2 cases are from the same district but different villages, and they are not relatives. The 3rd case is a 34-year-old female from Alexandria Governorate. She developed symptoms on 9 Mar 2011 and was hospitalized on 15 Mar 2011. She is still under treatment in a stable condition. The 4th case is a 30-year-old female from Kafr El-Shaikh Governorate. She developed symptoms on 7 Mar 2011 and was hospitalized on 15 Mar 2011. She recovered and was discharged on 27 Mar 2011. Investigations into the source of infection indicate that all cases had exposure to sick and/or dead poultry suspected to have avian influenza. The cases were confirmed by the Egyptian Central Public Health Laboratories, a National Influenza Center of the WHO Global Influenza Surveillance Network. Of the 137 cases confirmed to date in Egypt, 45 have been fatal.

**NATIONAL DISEASE REPORTS**

**SALMONELLOSIS, (RHODE ISLAND):** 09 April 2011, A 2nd person has died in the salmonella outbreak linked to DeFusco's Bakery in Johnston, Rhode Island. The Health Department learned Fri 8 Apr 2011 that a man in his 90s died the previous day in a hospital, said spokeswoman Annemarie Beardsworth. She declined to identify the hospital. The man, who lived in Providence County, reported eating a product made at DeFusco's, which was purchased on 19 Mar 2011. His symptoms began on 25 Mar 2011, and he was hospitalized 3 days later. A stool sample tested positive for Salmonella. He was one of the cases the Health Department had been tracking as part of its outbreak investigation. He also had underlying health conditions. The count of people who fell ill with laboratory-confirmed infection or compatible symptoms between 14 and 28 Mar 2011, considered the time frame for this outbreak, has now risen to 66. Of those, all but one reported eating products from DeFusco's, including the other man who died. The 1st death came on 23 Mar 2011, a man in his 80s who lived in Providence County. Of the 66 people who got sick, 28 were hospitalized, an unusually high percentage for an outbreak of salmonellosis. But no cases have turned up since 28 Mar 2011, indicating the source of the outbreak is not continuing to make people ill, Beardsworth said. The bakery closed down, and its products were recalled, on 25 Mar 2011 after a Health Department inspection found many food-safety violations. They included storing empty, baked pastry shells in cardboard boxes that formerly held trays of raw eggs. Tests later found evidence of the outbreak bacterium in the boxes, probably from an infected egg that broke. The Health Department was 1st alerted to the outbreak when 11 nursing-home residents became ill after eating zeppole, a custard-filled pastry, made by DeFusco's. Neither of the men who died lived in a nursing home, however. In addition to closing down DeFusco's, the outbreak has affected business at other bakeries, at least 2 of which have taken ads assuring their customers that their products are safe. (Food Safety Threats are listed in Category B on the CDC List of Critical Biological Agents) *Non-suspect case

**SALMONELLOSIS, SEROTYPE TYPHIMURIUM (MULTI-STATE):** 09 April 2011, The Centers for Disease Control and Prevention (CDC) is collaborating with public health officials in many states to investigate a multi-state outbreak of human Salmonella [enteric serotype] Typhimurium infections associated with contact with water frogs, such as African dwarf frogs. Water frogs commonly live in habitats such as aquariums or fish tanks. As of 5 Apr 2011, a total of 217 individuals infected with the outbreak strain of S. Typhimurium have been reported from 41 states since 1 Apr 2009. The number of ill person identified in each

state is as follows: Alaska (5), Alabama (2), Arizona (10), California (17), Colorado (12), Connecticut (3), Florida (1), Georgia (4), Idaho (4), Illinois (8), Indiana (1), Kansas (2), Kentucky (4), Louisiana (2), Massachusetts (6), Maryland (5), Michigan (6), Minnesota (1), Missouri (5), Mississippi (1), Montana (2), North Carolina (1), Nebraska (2), New Hampshire (3), New Jersey (3), New Mexico (2), Nevada (3), New York (7), Ohio (7), Oklahoma (1), Oregon (5), Pennsylvania (14), South Dakota (3), Tennessee (4), Texas (4), Utah (18), Virginia (11), Vermont (1), Washington (23), Wisconsin (3), and West Virginia (1). Among the persons for whom information is available, illnesses began 9 Apr 2009. Infected individuals range in age from less than 1 year old to 73 years old; 71 percent of patients are younger than 10 years old, and the median age is 5 years old. 51 percent of patients are female. Among ill persons, 34 percent were hospitalized. No deaths have been reported. Surveillance for additional illness continues through analysis of data in PulseNet, the national network of public health and food regulatory agency laboratories coordinated by the Centers for Disease Control and Prevention (CDC). In interviews, ill persons answered questions about contact with animals and foods consumed during the days before becoming ill. 64 percent of ill persons reported contact with frogs in the week before their illness began. Of ill persons who could recall the type of frog they had contact with, 84 percent identified African dwarf frogs. The median time from acquiring a frog and illness onset was 15 days, with a range of 7 to 240 days. Findings of traceback investigations identified a single water frog breeder in California as the source of African dwarf frogs associated with human infections. This frog breeding facility was 1st identified as the source of African dwarf frogs associated with human infections in 2010. Environmental testing also links the infection to a single African dwarf frog breeding facility in California. Because of the evidence of an ongoing problem, local health department officials visited the frog breeder in late March 2011 and collected environmental samples. These samples were tested in CDC laboratories and were found to be positive for salmonellae; additional testing is ongoing to determine if this strain is the outbreak strain. (Food Safety Threats are listed in Category B on the CDC List of Critical Biological Agents) *Non-suspect case

**HANTAVIRUS (COLORADO):** 09 April 2011, Saguache County Public Health Director Della Vieira on Thursday [7 Apr 2011] confirmed that a death has been associated with [a] hantavirus [infection]. The laboratory at the Colorado Department of Public Health and Environment has confirmed the deceased was exposed to the virus. To protect confidentiality, Saguache County Public Health is unable to disclose the identity of the deceased Saguache County resident. In the San Luis Valley, [Sin Nombre] hantavirus is carried by deer mice [Peromyscus maniculatus]. Other rodents have been found to be infected, but these do not occur in this area. Testing has shown that typically 10-15 percent of deer mice are infected [field studies of Sin Nombre virus prevalence has shown considerable year-to-year variability in P. maniculatus in areas endemic for this virus]. Household pets (including rodents) do not get sick from the virus. The virus is not spread by insects or from person to person. Hantavirus can be found in the urine, saliva, and droppings of infected mice. People are infected by breathing in the virus when stirring up dust from mouse nests or mouse droppings in areas with poor ventilation, or when handling mice. People are at risk for hantavirus when cleaning barns, outbuildings, sheds, and clearing wood piles that might contain mouse droppings. People who go into crawl spaces below homes, attics, or other closed spaces with rodent droppings also are at risk. To clean up rodent infested areas open doors and windows and allow a room to air out for 30 minutes before going inside. Wear rubber gloves, and spray droppings, nests and carcasses with bleach and water solution (1.5 cups bleach per 1 gallon water, or 1 part bleach to 9 parts water, mixed that day). Let soak for 5-10 minutes before cleaning up with a mop, sponge, or wet-vacuum. Do not sweep or dry-vacuum mouse droppings. Consider using a respirator mask (N-100 rating) that seals tightly to the face. After disinfecting, place mouse carcasses, nests, and cleaning materials into a plastic bag. Tie the bag shut and put it in an outdoor trashcan. Wash hands and clothing after clean up. (Hantavirus is listed in Category C on the CDC List of Critical Biological Agents) *Non-suspect case

**SALMONELLOSIS, SEROTYPE HADAR (MULTI-STATE):** 03 April 2011, Jennie-O Turkey Store, a Willmar, Minnesota establishment, is recalling approximately 54,960 pounds of frozen, raw turkey burger products that may be contaminated with Salmonella, the Department of Agriculture's Food Safety and Inspection Service (FSIS) announced today, 1 Apr 2011. As FSIS continues its investigation of illnesses related to this recall, additional raw turkey products may be recalled. As a result, FSIS is alerting consumers to take extra care when preparing all raw turkey products. To prevent salmonellosis and other foodborne illnesses, wash hands with warm, soapy water for at least 20 seconds before and after handling raw meat and poultry, and cook poultry -- including ground turkey burgers -- to 165 deg F [74 deg C], as determined with a food thermometer. The products subject to recall include: 4-pound boxes of Jennie-O Turkey Store "All Natural Turkey Burgers with seasonings Lean White Meat." Each box contains 12 1/3-pound individually wrapped burgers. A use by date of "DEC 23 2011" and an identifying lot code of "32710" through "32780" are inkjetted [printed] on the side panel of each box, just above the opening tear strip. Establishment number "P-7760" is located within the USDA mark of inspection on the front of each box. The products were packaged on 23 Nov 2010 and were distributed to retail establishments nationwide. The Wisconsin Department of Health and Family Services notified FSIS of a patient diagnosed with salmonellosis caused by Salmonella [enterica] serotype Hadar. The investigation expanded to include 12 people in Arizona, California, Colorado, Georgia, Illinois, Mississippi, Missouri, Ohio, Washington, and Wisconsin who also have been diagnosed with S. Hadar infection, with illnesses occurring between December 2010 and March 2011. Working in conjunction with the CDC and state public health partners, FSIS determined that 3 of the patients in Colorado, Ohio, and Wisconsin specifically reported eating this product prior to illness onset and hospitalization; the last of these illnesses was reported on 14 Mar 2011. As a result of the epidemiologic investigation, FSIS determined that there is a link between the Jennie-O ground turkey products and this illness outbreak. FSIS is continuing to work with CDC, affected state public health partners, and the company on the investigation. FSIS will continue to provide information as it becomes available, including information about any related recall activity. Individuals concerned about an illness should contact a physician. FSIS routinely conducts recall effectiveness checks to verify recalling firms notify their customers of the recall and that steps are taken to make certain that the product is no longer available to consumers. (Food Safety Threats are listed in Category B on the CDC List of Critical Biological Agents) *Non-suspect case

**INTERNATIONAL DISEASE REPORTS**

**YERSINIOSIS (NORWAY):** 09 April 2011, Since February 2011, the Reference Laboratory at the Norwegian Institute of Public Health has identified identical strains of Yersinia enterocolitica O:9 in 20 patients living in Norway. Interviews with the patients with yersiniosis led to suspicion of a particular pre-packaged lettuce mix that was withdrawn from the market. Further investigation led to suspicion of several pre-packaged lettuce mixes purchased in grocery stores. Preliminary investigations conducted at the Norwegian Veterinary Institute strengthened this suspicion. The manufacturer has therefore withdrawn a further 9 lettuce mixes from the market. The Norwegian Food Safety Authority recommends that consumers should not eat these lettuce mixes. The Norwegian Institute of Public Health is continuing the investigation in co-operation with the Food Safety Authority and Veterinary Institute. Each year, 50-100 cases of yersiniosis are reported to the Norwegian Institute of Public Health. Most cases occur sporadically and several cases with a common source rarely occur in Norway. Yersiniosis is transmitted primarily through food but can transmit between people in rare cases. The most common symptoms are diarrhea, fever and abdominal pain, usually lasting for 1-3 weeks. In most cases, the disease clears up without treatment. (Food Safety Threats are listed in Category B on the CDC List of Critical Biological Agents) *Non-suspect case

**HANTAVIRUS (CHILE):** 09 April 2010, The Las Higueras de Talcahuano Hospital confirmed the death of the latest hantavirus [infection] patient in the Bio-Bio region. The report on Tue 5 Apr [2011] by the Public Health Institute confirmed a 34-year-old man, resident of the Santa Teresa sector in the Yumbel community, as the 5th case of [a] hantavirus [infection] in the area. The patient died in the Las Higueras Hospital where he was in serious condition in the intensive care unit of the facility. The risk factor was his collection, 3 weeks ago, of rose hips, which presented ideal conditions for the presence of the rodent [host of Andes virus]. The Health SEREMI [Regional Ministerial Secretariat] reiterated prevention measures, such as keeping the surroundings of houses free of weeds and trash, exterminating rodents and sealing sheds and storehouses, and ventilating for about 30 minutes before entering places that have remained closed for a long time. Nationally, 24 confirmed hantavirus [infections] have been registered [this year, 2011] and this is the 3rd with a fatal outcome in the region. (Hantavirus is listed in Category C on the CDC List of Critical Biological Agents) *Non-suspect case

**FOODBORNE ILLNESS (MADAGASCAR):** 08 April 2011, At least 14 people have died in Madagascar from poisoned fish. Around 120 other people are seriously ill, with some in hospitals, after ingesting the toxic sardines which had been caught in the south-western town of Toliara. Samples of the fish have been sent for analysis. In previous food poisoning incidents the contaminated sardines had eaten poisonous seaweed, which now proliferates on local reefs. Officials have blamed global warming and changed sea conditions for the incident. (Food Safety Threats are listed in Category B on the CDC List of Critical Biological Agents) *Non-suspect case

**FOODBORNE ILLNESS (INDIA):** 08 April 2011, In the 1st death from consumption of adulterated kuttu (buckwheat), a 50-year-old MCD [Municipal Corporation of Delhi] employee succumbed to food poisoning in an east Delhi hospital on Wednesday morning [6 Apr 2011], less than 24 hours after taking ill. More than 300 people were being treated in hospitals across Delhi and some NCR [national capital region] areas, while 17 people had been arrested for selling the spurious food. Kuttu, which is used as a grain though it's not a cereal, is widely consumed by those fasting during the 9-day [Hindu festival of] Navratras, which started on Monday [4 Apr 2011]. "We have arrested 11 people including the owner of Nandu Masala Mill, which was the maiden supplier to many wholesale retailers and shopkeepers in east and northeast Delhi. He possibly also supplied to Ghaziabad shops. We have also arrested 8 shopkeepers who were selling adulterated buckwheat," said deputy commissioner of police (northeast) Sanjay Kumar Jain. The 1st victim of the adulteration was admitted in Lal Bahadur Shastri Hospital around 1.30 pm on Tuesday [5 Apr 2011] after he complained of dizziness and nausea. This victim later suffered a paralytic attack in hospital. "Prima facie, it appears that his condition was precipitated due to buckwheat consumption," said hospital medical superintendent Veer Singh. (Food Safety Threats are listed in Category B on the CDC List of Critical Biological Agents) *Non-suspect case

**BOTULISM (BRAZIL):** 07 April 2011, The secretary of state for health, Dalmo de Oliveira, confirmed on the afternoon of Wednesday (6 Apr 2011), the occurrence of an outbreak of botulism in Santa Catarina in the 1st half of March 2011, involving 7 people. They are the 1st records in the state of this foodborne intoxication, considered rare. All received medical care, but one patient died. The other cases are well. With the confirmation of the presence of the bacterium Clostridium botulinum in bologna sausage ingested by people who fell ill, the entire batch of product will be destroyed by the Health Surveillance agency. This is Mortadella com cubos de toucinho [Mortadella with bacon cubes], brand Pena Branca with date of manufacture 17 Feb 2011, validity until 18 Apr 2011, produced by Penasul Alimentos Ltda, located in Roca Sales, Rio Grande do Sul. (Botulism is listed in Category A on the CDC List of Critical Biological Agents) *Non-suspect case

**ST. LOUIS ENCEPHALITIS (ARGENTINA):** 06 April 2011, In 4 days the [number] of suspected St Louis encephalitis [SLE] [virus infections] has increased to 16, but the San Juan Public Health Epidemiology unit stated that these are not [laboratory] confirmed cases. Diario Huarpe [provincial online news] stated in a note that in addition to these 16 cases, there are 5 people infected by the virus and they were [publicly] announced last week [week of 28 Mar 2011]. The head of the Vector Control Program, Ruben Carrizo Paez, stated that fumigation will be carried out over 9 blocks around the houses in which suspected cases of the disease are found. (Viral Encephalitis is listed in Category B on the CDC List of Critical Biological Agents) *Non-suspect case

**LASSA FEVER (NIGERIA):** 06 April 211, Disaster struck in Adamawa State, as the outbreak of Lassa fever claimed the life of a consultant medical doctor, working at the Federal Medical Center in Yola. 2 other persons are currently receiving treatment at Irrua Specialist Center for the Control of Tropical and Infectious Diseases. Dr. Aliyu Danburam, chief medical director of the Federal Medical Center, Yola, who confirmed the outbreak, however, said that the epidemiological units of the Federal Ministry of Health, and the Federal Medical Center, Yola, were working round the clock to contain the epidemic. Dr. Danburam said in early March [2011], it was noticed that a few doctors at the medical center developed symptoms of viral hemorrhagic fever after treating a patient, and that since the disease was not common in the environment, thus making the diagnosis difficult, they were referred to the specialist center for the control of tropical and infectious diseases. He stated that it was at the specialist center that it was

confirmed that they had Lassa fever, adding that the consultant, who was the index patient, eventually died while the 2 other doctors were still undergoing treatment. He, however, disclosed that another person, a senior laboratory technologist, who died during the same period, had cardiac failure and not Lassa fever. Dr. Danburam said due to the highly infectious nature of Lassa fever, which he said could be catastrophic if not urgently brought under control, the federal epidemiological unit had established a surveillance squad at the medical centre, to screen all cases that could be remotely linked to the outbreak, while adequate medications and equipment were being put in place to meet future challenges. (Viral Hemorrhagic Fever is listed in Category A on the CDC List of Critical Biological Agents) *Non-suspect case

**E. COLI O157 (CANADA):** 04 April 2011, The Canadian Food Inspection Agency (CFIA) and Amira Enterprises Inc. are warning the public not to consume certain bulk and prepackaged raw shelled walnut products described below because these products may be contaminated with E. coli O157:H7. All raw shelled walnuts sold from bulk bins, all package sizes, and all lot codes / Best Before dates of the following raw shelled walnuts and products containing walnuts are affected by this alert. The affected products were available for purchase from 1 Jan 2011, up to and including 4 Apr 2011. The raw shelled walnuts are imported from the USA.

Brand products include:
- Amira Raw shelled walnuts sold from a bulk bin*
- Amira Prepackaged raw shelled walnuts (Halves/Pieces/Crumbs)
- Tia Prepackaged raw shelled walnuts (Halves/Pieces/Crumbs)
- Merit Selection Prepackaged raw shelled walnuts
(Halves/Pieces/Crumbs)
- Amira Mistral Mix containing walnuts
- Tia Mistral Mix containing walnuts
- Amira Salad booster containing walnuts
- Tia Salad booster containing walnuts
(*The brand name Amira may not be marked on raw walnuts sold from bulk bins.)

Consumers who have purchased walnuts from bulk bins are advised to contact the retailer to determine if they have the affected product. These products have been distributed in Atlantic Canada, Quebec, and Ontario. However, they may have been distributed nationally. This is an ongoing food safety investigation. The Public Health Agency of Canada (PHAC) is investigating a multi-provincial outbreak of E. coli O157:H7 illnesses in collaboration with provincial health authorities as well as federal health partners including the Canadian Food Inspection Agency and Health Canada. (Food Safety Threats are listed in Category B on the CDC List of Critical Biological Agents) *Non-suspect case

**CHOLERA (HAITI):** 04 April 2011, The [death] toll due to cholera in Haiti has reached 4672, since the 1st case was detected in October 2010, an official report said. The report of the ministry of public health and population published Thu 10 Mar 2011 said 252,640 people were infected with the disease and 136,407 were hospitalized, according to Prensa Latina. The Ouest region, where the capital city of Port au Prince is located, is the most affected with 876 deaths. Artibonite, where the disease was 1st detected, registered 874 deaths. Nippes is the least affected territory with 152 fatalities. (Water Safety Threats are listed in Category B on the CDC List of Critical Biological Agents) *Non-suspect case

**CHOLERA (DOMINICAN REPUBLIC):** 04 April 2011, A cholera outbreak has killed 7 people and infected nearly 650 in the Dominican Republic, a Caribbean country bordering Haiti, where the illness has claimed 4500 lives in the past 5 months, officials said Fri 25 Mar 2011. A 43-year-old woman living in Pedernales, 205 miles (330 kilometers) west of Santo Domingo, died this week, bringing the total to 7 deaths, the public health minister said in a statement. Authorities plan to launch a public awareness campaign to warn people about the waterborne bacterial disease and urge strict hygiene measures to control the outbreak. (Water Safety Threats are listed in Category B on the CDC List of Critical Biological Agents) *Non-suspect case

**OTHER RESOURCES AND ARTICLES OF INTEREST**

More information concerning Public Health and Emergency Preparedness can be found at the Office of Preparedness and Response website: http://preparedness.dhmh.maryland.gov/

Maryland's Resident Influenza Tracking System: http://dhmh.maryland.gov/flusurvey

**********

**NOTE**: This weekly review is a compilation of data from various surveillance systems, interpreted with a focus on a potential BT event. It is not meant to be inclusive of all epidemiology data available, nor is it meant to imply that every activity reported is a definitive BT event. International reports of outbreaks due to organisms on the CDC Critical Biological Agent list will also be reported. While not "secure", please handle this information in a professional manner. Please feel free to distribute within your organization, as you feel appropriate, to other professional staff involved in emergency preparedness and infection control.

For questions about the content of this review or if you have received this and do not wish to receive these weekly notices, please e-mail me. If you have information that is pertinent to this notification process, please send it to me to be included in the routine report.

Zachary Faigen, MSPH
Epidemiologist
Office of Preparedness and Response
Maryland Department of Health & Mental Hygiene
300 W. Preston Street, Suite 202
Baltimore, MD 21201
Office: 410-767-6745
Fax: 410-333-5000
Email: ZFaigen@dhmh.state.md.us